MAXIMUS Federal Services

Case Number:	CM14-0143615		
Date Assigned:	09/12/2014	Date of Injury:	05/04/2010
Decision Date:	10/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 38-year-old female with a 5/4/10 date of injury. At the time (6/30/14) of the request for authorization for Pain Management Specialist Evaluation and Unspecified Treatment, there is documentation of subjective (ongoing pain of the left shoulder and left hip) and objective (left shoulder flexion is 0-130 degrees, abduction 0-120 degrees, external rotation 0-60 degrees, internal rotation 0-70 degrees, and adduction and extension 0-40 degrees, some mild swelling present; mild discomfort to palpation in the pelvic girdle and some pain over the coccyx) findings, current diagnoses (status post left sacroiliac joint fusion on 1/14/13, right foot and ankle pathology, left upper extremity sympathetic dystrophy, and status post left shoulder arthroscopic subacromial decompression with distal clavicle resection), and treatment to date (medication, therapy, and interscalene blocks). Medical reports identify authorization is requested for the patient to be evaluated and treated by an interventional pain management specialist in order to consider an interscalene diagnostic/therapeutic block with corticosteroid and numbing medicine/anesthetic. There is no documentation that the block will be used as an adjunct to facilitate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pain Management Specialist Evaluation and Unspecified Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition Chapter 7 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Specifically regarding interscalene blocks, MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of stellate ganglion blocks. Within the medical information available for review, there is documentation of diagnoses of status post left sacroiliac joint fusion on 1/14/13, right foot and ankle pathology, left upper extremity sympathetic dystrophy, and status post left shoulder arthroscopic subacromial decompression with distal clavicle resection. In addition, there is documentation of sympathetically mediated pain. However, there is no documentation that the block will be used as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Specialist Evaluation and Unspecified Treatment is not medically necessary.